



Illinois Department of Corrections

Administrative Directive

Number:

04.04.100

Title:

Mental Health General Provisions

Effective:

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Authorized by:

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Authority:

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Related ACA Standards:

5-ACI-1D-10 and 12, 5-ACI-4A-10, 5-ACI-4B-10 and 28, 5-ACI-5A-01, 5-ACI-5B-11, 5-ACI-6A-04, 05, 25, 28, 30-33, and 37-39, 5-ACI-6B-01, 03 and 13, 5-ACI-6C-03, 04, 06 and 10, 5-ACI-6D-05

Referenced Policies:

04.04.101
04.04.102
05.07.101

Referenced Forms:

DOC 0286 – Offender Request
DOC 0372 – Mental Health Screening
DOC 0374 – Mental Health Evaluation
DOC 0379 – Evaluation of Suicide Potential
DOC 0380 – Mental Health Restrictive Housing Rounds
DOC 0387 – Mental Health Services Referral
DOC 0434 – Incident Report
DOC 0535 – Mental Health Inpatient, Residential and Special Unit Referral
DOC 0550 – Mental Health Restrictive Housing Admission Report

I. POLICY

The Department shall ensure offenders have access to adequate Mental Health services.

II. PROCEDURE

A. Purpose

The purpose of this directive is to establish written guidelines for staff with regards to the availability and rendering of mental health services.

B. Applicability

This directive is applicable to the Office of Mental Health Management, and to all correctional facilities within the Department.

C. Facility Reviews

A facility review of this directive shall be conducted at least annually.

D. Designees

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

E. Definitions

The following definitions shall apply to all Mental Health directives, unless otherwise defined:

Gravely disabled – a condition where a person, as a result of a mental disorder, is in danger of serious

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physical harm, resulting from a failure to provide for his or her essential human needs of health or safety, or manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions.

Mental Health Assessment – an in-depth, comprehensive review of an offender to assess and diagnose mental health issues.

Mental Health Authority – the facility's Psychology Administrator, or in his or her absence, a mental health professional who has been designated by the Chief Administrative Officer to make mental health decisions.

Mental Health Classification – a level of care system that identifies and codes the mental health services that an offender requires based upon his or her mental health needs. The levels of care are defined as follows:

1. **Outpatient Level of Care** – the least intensive level of treatment that may include, but not be limited to, intervention options such as psychiatric medication management, individual psychotherapy, case management sessions and group therapy sessions.
2. **Special/Residential Treatment Unit (RTU) Level of Care** – a level of care for offenders who, based on clear clinical evidence, have a serious mental illness associated with significant functional impairments, rendering the offender unable to successfully reside in a general population housing unit. An RTU level of care includes placement in an RTU setting that only houses offenders requiring a similar level of care and provides enhanced mental health treatment including a minimal amount of out-of-cell time per week, either as defined in established administrative directives, or as considered clinically necessary by the offender's treatment team. The out-of-cell time shall consist of both structured therapeutic activities, generally in a group setting, and unstructured recreational time equal to or greater than what is offered to offenders with the same custody classification.
3. **Modified Residential Treatment Unit (mRTU) Level of Care** – a level of care for offenders that is a step down from Residential Treatment Unit. An offender is transitioned to this level upon successful completion of at least 60 days of RTU treatment. This Level of Care provides mental health services at less intensity than an RTU setting but more than an Outpatient level of care. It allows for a quick return to RTU level of care if the mental health needs of the offender require an increase in services.
4. **Crisis Treatment Level of Care** – a level of care for offenders who present a danger to self or others, or require diagnostic assessment and temporary, clinical intervention for stabilization or diagnostic purposes. Crisis treatment provides short-term, 24-hour supervised, structured living arrangements in a crisis designated area. This level of care shall be used for short-term crisis stabilization, usually less than 10 days or as considered clinically necessary by the offender's treatment team.
5. **Inpatient Level of Care** – the most intensive level of care, involving an individual plan of active psychiatric treatment, which includes 24-hour access to a full range of psychiatric and mental health staff. Offenders appropriate for this level of care require a level of treatment that exceeds the level of care that the Department is able to provide at the outpatient or special/RTU levels of care and results in commitment to an inpatient level of care for a duration as considered clinically necessary by the offender's treatment team.

Mental Health Evaluation – a complete clinical interview, patient history, family mental health history, mental status examination, diagnostic impression and relevant biological factors that will assist in the formulation of treatment alternatives.

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Mental Health Professional (MHP) – a board-certified and licensed psychiatrist; a psychologist with a Ph.D. or Psy.D and licensed as a clinical psychologist; a licensed psychiatric nurse (i.e., a nurse with an R.N. and training as a psychiatric nurse practitioner); a licensed clinical social worker; or an individual with clinical training and a Master’s degree in Psychology or Social Worker who is licensed.

Mental Health Screening – a generalized review and interview process to identify offenders who may require mental health services.

Neurodevelopmental Disorders – a group of conditions with the onset in the developmental period. The disorders typically manifest early in development, often before the child enters grade school, and are characterized by developmental deficits that produce impairments of personal, social, academic or occupational functioning. The range of developmental deficits varies from very specific limitations of learning or control of executive functions, to global impairments of social skill or intelligence.

Specialized mental health setting – a Department facility, or unit within a facility, that provides a specific mental health level of care for offenders.

F. General Provisions

1. Mental Health Services

- a. Offenders who are determined to be mentally or emotionally distressed, either due to chronic mental illness or situational stress, or have been staff-referred or self-referred to the Office of Mental Health Management, shall have access to the following mental health services, as clinically indicated:
 - (1) Screening, assessment and evaluation;
 - (2) Mental health treatment;
 - (3) Monitoring of mental health status;
 - (4) Programs such as specialized leisure time services and special educational services; and
 - (5) Transfer to a specialized mental health setting that can provide the determined appropriate level of care or transfer to a licensed mental health care facility when the offender’s needs exceed the treatment capabilities of the Department.
- b. Offenders identified as having neurodevelopmental disorders shall have access to the following services:
 - (1) Transfer to a specialized mental health setting, as clinically indicated;
 - (2) Referral to resources congruent with assessed needs;
 - (3) Monitoring of behavior and adaptation to a correctional environment;
 - (4) Specialized programs designed to meet the offender’s special needs;
 - (5) Special education services, where available; and
 - (6) Review of protective custody needs and communication of those needs to appropriate facility staff.

NOTE: Offenders who exhibit severe problems in adapting shall be transferred to an appropriate level of care setting or facility, such as the Dixon Special Treatment Unit, Dixon Psychiatric Unit,

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Pontiac Mental Health Unit, Logan Mental Health Unit, Joliet Treatment Center, Elgin Inpatient Treatment Center or the Department of Human Services.

2. All mental health services shall be:
 - a. Provided on a voluntary basis unless it is determined that the offender is gravely disabled, suicidal or poses a serious threat to self or others in the near future, unless treatment is provided. Emergency mental health services, including suicide prevention and intervention, shall be provided in accordance with Administrative Directive 04.04.102.
 - b. Conducted in a manner which ensures confidentiality and sensitivity to the offender regardless of status or housing assignment.

G. Requirements

1. Training
 - a. Training on recognition of mental and emotional disorders shall be included in pre-service orientation training for all new facility employees and shall be reviewed annually during cycle training. Training curricula shall be developed in consultation with the Chief of Mental Health and approved by the Office of Staff Development and Training and shall be presented by a Mental Health Professional (MHP) or, in the absence of an MHP, an active Crisis Team Member.
 - b. Training curricula for pre-service orientation and annual cycle training shall include, at minimum:
 - (1) Employees' duty to make appropriate mental health referrals and obligation to make a reasonable effort to ensure the exchange of information regarding mental health services remains confidential;
 - (2) Methods for interaction, including interaction with offenders having mental illness or mental health emergencies;
 - (3) Information regarding the frequency and seriousness of mental illness, specifically including recognition of the signs and symptoms of disorders most frequently occurring in offender populations;
 - (4) Recognition of signs of chemical dependency and withdrawal;
 - (5) Recognition of adverse reactions to psychotropic medications;
 - (6) Suicide prevention; and
 - (7) Referral procedures for mental health services, including procedures for referrals of an urgent or emergency nature.
 - c. Health care and correctional counseling staff, routinely responsible for processing and orientation of offenders, shall receive a minimum of one hour of annual training from an MHP that shall include, at a minimum:
 - (1) Behavioral indications of mental or emotional disturbance, neurodevelopmental disorders and substance-related and addictive disorders;
 - (2) Key medical and master file data to be reviewed;
 - (3) Criteria and procedures for referring offenders to the facility Office of Mental Health Management for assessment;

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(4) Criteria and procedures for ensuring the safety and well-being of an offender during Crisis Team intervention response; and

(5) Confidentiality of mental health information.

2. Screening and Assessment

a. Offenders referred to mental health services while being transferred between facilities, returning from writs, parole violators and, in accordance with Administrative Directive 05.07.101, offenders entering a Reception and Classification Center, shall be triaged for urgent and emergency referrals.

b. All offenders being admitted to a facility within the Department shall be seen within 48 hours by an MHP who shall:

(1) Interview the offender to identify any mental health needs, including neurodevelopmental disorders, suicidal ideation or intent, current or past self-injurious behavior, the presence or history of symptoms of mental illness, current or past use of psychotropic medications or the presence of conditions that may require immediate intervention;

(2) Complete a Mental Health Screening, DOC 0372; and

(3) If clinically indicated, flag the offender for further evaluation by an MHP.

NOTE: Offenders transferred from the Reception and Classification Center who have been screened and referred for further mental health services, such as routine mental health referral, psychiatric referral or review for special RTU referral, shall be administered the Evaluation of Suicide Potential, DOC 0379, within 24 hours of admission but shall not be given the DOC 0372 again.

c. If flagged for mental health evaluation, an MHP shall, within 14 working days:

(1) Interview the offender; and

(2) Complete and sign the Mental Health Evaluation, DOC 0374.

NOTE: Response to urgent or emergency referrals shall be as clinically indicated.

d. Upon determination that mental health services are required, an MHP shall:

(1) For offenders in Reception and Classification, make a recommendation for transfer and assign the offender to the caseload of the respective Office of Mental Health Management.

NOTE: If a recommendation for Special/Residential Treatment Unit placement is made by an MHP, a completed copy of the Mental Health Inpatient, Residential and Special Unit Referral, DOC 0535, shall be sent to the Transfer Coordinator's office as part of the transfer packet.

(2) For offenders transferring from another facility, assign the offender to the caseload of the facility's Office of Mental Health Management.

NOTE: Non-emergency mental health services shall be provided in accordance with the Mental Health Protocol Manual and Administrative Directive 04.04.101.

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3. Mental Health Records

All mental health services shall be documented in writing and shall be filed in the mental health section of the offender's medical file.

4. Referrals for Mental Health Services

Referrals for mental health services may be initiated through staff, credible outside sources such as family members, other offenders or self-reporting.

a. To ensure proper handling of requests from credible outside sources, the Department shall ensure mail room staff and facility operators, gatehouse staff and other staff who may come in contact with family members, visitors or other interested persons are aware of procedures for receiving and addressing inquiries regarding referrals for mental health services. Additionally, the contact information and procedures by which outside sources may refer offenders for mental health services shall be provided on the Department's website.

b. The Chief Administrative Officer of each facility shall ensure a procedure for referring offenders for mental health services is established.

(1) Referrals from staff shall:

(a) Be initiated on the Mental Health Services Referral, DOC 0387;

(b) Be submitted to the facility's Office of Mental Health Management through the chain of command; and

(c) Include a copy of the Incident Report, DOC 0434, if applicable.

(2) Referrals from outside sources through mail, website, telephone or via verbal submission shall be forwarded to the facility's Office of Mental Health Management.

(3) The facility Crisis Intervention Team shall be contacted immediately for offenders with serious or urgent mental health problems, as evidenced by a sudden or rapid change in an offender's behavior or behavior that may endanger themselves or others if not treated immediately.

c. Procedures for offender self-referrals, credible referrals by other offenders and information offenders can provide to friends or family for making referrals for mental health services shall be provided in the offender handbook. Offenders will be encouraged to submit their requests on the Offender Request, DOC 0286.

d. All referrals shall be documented in the offender's medical file and shall include the date and source of the referral and the resulting referral action, such as scheduled to see an MHP.

5. Restrictive Housing

a. An MHP shall review any mentally ill offender promptly after initial placement in Administrative Detention, Investigative Status, Temporary Confinement or Disciplinary Restrictive Housing. An MHP shall document this review on the Mental Health Restrictive Housing Admission Report, DOC 0550, and complete the DOC 0379. In the event an MHP is unable to complete the DOC 0379 and DOC 0550 within 48 hours, a Facility Crisis Intervention Team Member shall contact the Crisis Team Leader to determine final

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disposition and complete the DOC 0379 and Sections two and three of the DOC 0550. The facility Crisis Team Leader or MHP, upon returning, shall review and complete Section one of the DOC 0550 and countersign.

- b. At least once every seven calendar days, an MHP shall visit restrictive housing units and conduct mental health rounds on all disciplinary restrictive housing offenders and document all round on the Mental Health Restrictive Housing Rounds, DOC 0380.
